

aneurysm. It is a very ingenious apparatus but the results in this case were fatal.

The method which I wish to report in this paper is a slow occlusion of the common carotid in the treatment of a case of pulsating exophthalmos accomplished by the use of a clamp devised by Dr. James Neff, of Spokane. In this patient the results were immediate and in the two years which have transpired no untoward results have occurred.

The clamp consists of two aluminum bands with hinge joint. Upon the free ends are two grooves—a deep one in which the catgut is retained for the regulation of the distance between the plates and the automatic occlusion as the catgut absorbs, and a second groove in which a band of dental rubber is wound to approximate the plates gradually without wounding the intima of the vessel. The size of the aluminum bands will depend upon the vessel included.

The patient, A. H., age 39, a county charge referred to me by Doctor B. H. Roark July 25, 1913, presented the following history: Four years previous he had gotten into an altercation with a fellow laborer who gave him a terrific blow on the left cheek. He expectorated blood all night and felt indisposed but went to work next day. There occurred a roaring in the right ear two days afterward which sounded like the noise of an engine, and so intense at night he could not sleep lying down so sat up in a chair. This condition continued for two months. Three months later the right eye suddenly began to bulge, following a severe pain in temple. He was not incapacitated for work but complained of dizziness, diplopia, and attacks of faintness. He remained at work until the exophthalmos, roaring in head, loss of vision, and faintness grew so intense that he fell in a seizure and was unconscious for some time. He was removed to the Sacred Heart Hospital by Dr. Roark who later referred him to me for enucleation of the right eye. The patient showed upon superficial examination a decided exophthalmos, enlargement of the superficial supraorbital veins of the temple, paralysis of the external rectus muscle and congestion of the ocular and palpebral veins of the conjunctiva. The vision was reduced to counting fingers. The case was so interesting that a more careful examination was made at the office. There was a pulsating tumor upon digital examination of the orbital roof, a distinct bruit over the eyeball and supraorbital space (easily heard with the stethoscope) and fundus examination showed marked dilatation of the retinal vessels, and an optic neuritis. Left eye vision 6/6, and right eye vision fingers at three feet.

The diagnosis of pulsating exophthalmos was apparent. The patient was the father of eight children, incapacitated for work and the ligation of the common carotid was advised. He was told of its attendant danger but decided to take the risk. It was such an ideal case for the employment of the Neff gradual occlusion clamp that it was decided to try it upon the patient as it had been successfully used in experimental work.

Upon July 30, 1913, Dr. A. T. R. Cunningham, assisted by Dr. M. M. Patton, exposed the right common carotid and applied the device as described by Neff in an article in the *Journal of the A. M. A.* of August 26, 1911.

The pulsation and bruit disappeared in four days, the patient was comfortable and slept in a reclining position. In ten days he left the hospital with all annoying symptoms gone. The exophthalmos and dilation of the conjunctival veins gradually subsided and upon September 30, the patient was at work. February 12, 1914, there was still a bulging, the veins still somewhat congested

but vision with correcting glass had returned to 6/15 and the patient was feeling fine. Upon September 3, 1914, the exophthalmos was hardly perceptible, motility of the eye normal, there was no bruit, and no pulsation. Vision with correction had reached 8/10. With right eye he read number 2 Jaeger. Upon April 27, 1915, examination showed a complete retraction of the globe into the orbit, no bruit, no pulsation, no congestion of the conjunctival vessels or the veins surrounding the orbit and restoration of vision to 8/10 with his correcting lenses. He is free from dizziness and has had no fainting spells since the operation and has been working as a deliveryman since August 30, 1913, one month following operation.

From our experience in this case we conclude or suggest that in cases of pulsating exophthalmos or any other case where occlusion of a large blood vessel is indicated the most practical method is gradual occlusion by means of the Neff clamp. It seems to meet the requirements in such cases for it prevents the danger of a secondary hemorrhage which attends the sudden stoppage of the blood current, it gives ample time for establishment of the collateral circulation, and prevents cerebral ischemia and later cerebral softening resulting in 50% of cases by death. It also shortens the period of recovery; in this particular case the patient resuming work within thirty days of the operation. For the technic of applying the clamp I refer you to the article appearing in the *Journal of the A. M. A.* by Dr. Neff, or the articles by Dr. A. T. R. Cunningham of Spokane in the *Journal of the A. M. A.* of January 1914, in which this case is reported from the surgical standpoint.

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BOOK REVIEWS

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. August, 1915. Published bi-monthly by W. B. Saunders Company, Philadelphia and London.

Contents: Talk on Syphilis. Tumor of the Parotid Salivary Gland. Plastic Operation on Soft Parts of Nose. Plastic Operation on Skeleton of Nose. Carcinoma of Lower Lip and of Submaxillary Lymph-Nodes. Early Carcinoma of Lower Lip. Osteomyelitis of the Maxillary Antrum. Trau-

matic Epilepsy. Extradural Cerebral Compression. Ancient Fracture of Skull. Tuberculous Meningitis. Tuberculous Leptomenigitis and Ependymitis With Necropsy. Subacromial Bursitis. Subungual Carcinoma of Finger. Ununited Fracture of Humerus. Ancient Gunshot Division of Musculo-spiral Nerve. Ancient Fracture of External Condyle of Humerus. Infantile Palsy of Flexors of Hand and Fingers. Tuberculosis of Sternum and Rib. Metastatic Thymus Tumor in Breast. Bronchietatic Cavity. Traumatic Cervical Spondylitis. Bony Tumor of the Spinal Canal. Tuberculous Granuloma of Vertebrae Involving Spinal Cord. Constriction of Spinal Cord by Fibrous Tissue from Previous Operation. Typhoid Spondylitis in a Typhoid Carrier. Cholelithiasis. Fecal Fistula with Chronic Recurrent Appendicitis. Papilloma of Bladder. Fracture of Left Patella. Fracture of Internal Semilunar Cartilage. Compound Fracture of Both Feet.

Principles of Bacteriology. By A. C. Abbott, M. D. Ninth Edition. Published by Lea & Febiger, Philadelphia and London. 1915.

As a book for students Abbott's Bacteriology has always been of great value, and this, the ninth edition, with its new chapters on hemolysis, complement-fixation and Ehrlich's side-chain theory brings it thoroughly up to date. Some material of historical interest only, which was present in earlier editions, has been eliminated, so that although much that is new has been added, the book remains small enough to be easily handled, and the subject matter is conveniently arranged and in better sequence than in previous issues. As a reference book Abbott's Bacteriology may well find a place on the shelves of the advanced worker as well as of the beginner. A. W.

Surgery of the Blood Vessels. By J. Shelton Horsley, M. D., F. A. C. S. Illustrated. St. Louis, C. V. Mosby Company. 1915. Price \$4.00.

This is a book devoted almost entirely to blood vessel surgery and necessarily deals with the experimental quite as much as with the practical. Chapters on the general principles of vascular surgery, sutures, anastomosis, thrombosis, and transfusion are all instructive. The author advocates his special staff for holding blood vessels during suture and prefers the sadler's stitch. His reasons for this are plausible and his success vindicates the method. The various schemes for transfusion are detailed impartially. His own preference seems to be by suture. A simple test for hemolysis and agglutination is described. His own number of transfusions, something under 25, is rather small for one whose name has been so well identified with this work. The illustrations are quite good and add much to the interest of the book. S. T. P.

The Medical Clinics of Chicago, July, 1915. Vol. I, Number 1. Published bi-monthly by W. B. Saunders Company, Philadelphia and London.

Contents.

Clinic of Dr. Charles L. Mix.—Lung abscess with the picture of tuberculosis. A lesion of the cauda equina; sciatica the most prominent symptom.

Clinic of Dr. Charles Spencer Williamson.—Nephritis. Case of hepatic abscess. Gout. Further discussion of cases shown at previous clinic. Chronic gout with extensive joint changes.

Clinic of Dr. Isaac A. Abt.—Infantile tuberculosis. Sarcoma of kidney in a child eighteen months old.

Clinic of Dr. Robert B. Preble.—Chronic lymphatic leukemia in a man of 65, with discussion on the causes of dyspnea. Renal and cardiac insufficiency.

Clinic of Dr. Maurice L. Goodkind.—Pneumonia. Tabes. Cholelithiasis. Foreign body in the bronchus 6 months with complete recovery after removal.

Clinic of Dr. Frederick Tice.—Syphilitic aortitis. Hour-glass stomach.

Clinic of Dr. Walter Hamburger.—Congenital pulmonary stenosis. Aneurysm of the arch of the aorta and of the abdominal aorta.

Clinic of Dr. Ralph C. Hamill.—Syphilis of the central nervous system.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. June 1915. Published Bi-Monthly by W. B. Saunders Co., Philadelphia and London.

Contents.

Murphy's clinical talks on surgical and general diagnosis.

A talk on appendicitis.

A diagnostic talk on intestinal obstruction due to a large gallstone.

Unsuccessful gastro-enterostomy for ulcer. An analysis of its causes. Suggestions for a better technic.

Friction burn of left ankle—closure of the defect by a pedicled flap of skin and fat.

A series of drawings illustrating Dr. Murphy's method of suturing a pedicled muscle flap into the laminectomy defect to protect the exposed dura and obliterate the dead space which would otherwise fill with blood-clot.

Embryonic tumor of the testicle—excision of tumor and testicle.

Tuberculosis of the left spermatic cord and epididymis.

Chronic tendovaginitis of the extensor tendon of the thumb.

Painful exostosis of the os calcis.

Congenital perineal fecal fistula.

Hypernephroma of the right kidney—nephrectomy.

Myeloid sarcoma of the left malar bone.

Malignant epulis of the mandible—excision.

General Medicine. Edited by Frank Billings and J. H. Salisbury. Practical Medicine Series 1914 and 1915. Price \$1.50. Published by Yearbook Publishing Co., Chicago.

We are always glad to recommend these little volumes because they give such a good résumé of the work that has been accomplished in medicine during the past year. References are given to the articles reviewed so that those that are interested can always consult the originals. No matter how thorough a man may be, he is bound at times to overlook some paper that may be of interest to him unless he goes through one of these little books and looks up the articles of note that have appeared. The present books are up to the usual standard. R. B.

Medical Applied Anatomy for Students and Practitioners. By T. B. Johnston, M. D., Ch. B., Containing three full-page plates in color and 146 other illustrations in the text. London, A. & C. Black, Limited. 1915.

This book will be very acceptable to the medical practitioner who desires to have his medical anatomy apart from the surgical applied anatomy. The author has not attempted to give an exhaustive treatise, but has restricted the subject matter so as to present at moderate length the more important applications of anatomy to the study of clinical medicine. The subject has been treated according to systems and not according to regions. The subject matter has, therefore, been considered under seven systems followed by a glossary that contains only those terms which are commonly used in clinical medicine and which are not identical in the two terminologies. The Basle